State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-015-22844

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
E-7116

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
Empire Abo Unit "F"

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

8. Well No.
354

2. Name of Operator
ARCO Permian

3. Address of Operator
P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat
Empire Abo

4. Well Location
Unit Letter G : 1850 Feet From The N Line and 2550 Feet From The E Line

Section 34   Township 17S   Range 28E   NMPM   Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3666.9' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER: _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: TA & MIT [ ]

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12/04/01: Pkr or CIBP set @ 5860'. Perforated interval 5954-5964'.
Load and tested wellbore. Pressure up to 600#, held 30 mins. Held OK. Chart attached.
Test witnessed by Phil Hawkins, NMOCD.
Retain wellbore for future use and uphole potential.
Well TA'd.

Temporary Abandoned Status approved
until 12-4-02

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _Kellie D. Murrish_   TITLE Sr. Administrative Assistant   DATE 12/17/01

TYPE OR PRINT NAME Kellie D. Murrish   TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY _____   TITLE _Field Rep IV_   DATE 12 28 01

CONDITIONS OF APPROVAL, IF ANY

MIDNIGHT 11 1 2 3 4 5 6 A.M. 7 8 9 10 11 NOON 1 2 3 4 5 6 P.M. 7 8 9 10

MIT
30 min Test

End
600#

BP
E.A.U.
F354

BP
MKW

I+W
JERRY

3A-17-28

Dec 4 2001.

START
610#

GRAPHIC CONTROLS CORPORATION